

Kick off Meeting for Help Me Grow and the Early Childhood Comprehensive System Program in Maine

Maine Department of Health and Human Services
Thursday, January 13th from 3-4 pm EST via Zoom



Agenda

1

Welcome and Review Maine DHHS and Children's Cabinet Priorities (2 min)

Amy Belisle, MD, MBA, MPH, Chief Child Health Officer, DHHS Commissioner's Office

Ana Hicks, Senior Policy Analyst and Children's Cabinet Coordinator, Governor's Office of Policy Innovation and the Future

2

Vision for Building Early Childhood Systems in Maine and Background for Current Work (8 min)

Amy Belisle

3

Help ME Grow (HMG) Overview (20 Min)

Dr. Paul Dworkin, Founding Director, Help Me Grow National Center

Cassandra Therriault, Implementation and System Building Program Specialist, Help Me Grow National Center

Elissa Wynne, MSW, Associate Director of Child Development and Behavioral Health Services, Office of Child and Family Services, Maine DHHS

4

Early Childhood Comprehensive Systems Program, (ECCS) Overview (20 min)

Dr. Dina Lieser, Director, Early Childhood Comprehensive Systems Programs

Maryann Harakall, Maternal and Child Health Program Director, Maine CDC

Angie Bellefleur, ECCS Project Director, Maine CDC

If time allows, we will end with Question & Answer – Please use submit questions in the Chat Box

Review Child Health Priorities

Children's Cabinet Goals

- All Maine children enter kindergarten prepared to succeed
- All Maine youth enter adulthood healthy, connected to the workforce and/or education

DHHS Goals

- Provide Leadership on Children's Health Across DHHS and State
- Maintain a focus on the DHHS Priority: Maine Children grow up in safe, healthy, and supportive environments, allowing them to thrive throughout their lives



Children's Cabinet Plan for Young Children:

All Maine Children Enter Kindergarten Prepared to Succeed

The Children's Cabinet will implement key strategies to promote the healthy development of all young children in Maine and ensure that all children grow up in healthy, safe and supportive environments. The Cabinet will strive to engage the voice of parents in a culturally and linguistically accessible way as we further develop and implement our strategies.

Areas of Focus

The Children's Cabinet will implement strategies that will:

1. Increase access to affordable early care & education, preventive and early intervention services for young children and their families.
2. Raise the quality of our early care and education system and support families to access quality programming.
3. Recruit, prepare and retain a diverse early childhood workforce.

Children's Cabinet Strategies

Short term strategies: 2020 - 2021

- ❖ Streamline, simplify and raise awareness about the eligibility process for the Child Care Subsidy Program (CCSP).
- ❖ Provide start-up funds to existing or new child care programs to create new slots, particularly in rural areas, for infants & toddlers.
- ❖ Offer stipends to infant caregivers receiving CCSP to recognize the high cost of providing infant care.
- ❖ Increase the quality bump to child care programs on the Quality Rating and Improvement System (QRIS) serving infants & toddlers.
- ❖ Fund start-up grants to expand public pre-K, incentivizing partnerships between schools, Head Start and child care programs.
- ❖ Provide scholarships to help students with low and moderate income attain associates and bachelor's degrees in early childhood education.
- ❖ Provide grants and technical assistance to child care programs to improve quality and rating on the QRIS.
- ❖ Build the infrastructure for an Early Childhood Integrated Data System (ECIDS).

Intermediate strategies: 2020 – 2023

- ❖ Implement the early childhood mental health consultation pilot sites and expand statewide to help parents and educators support the social and emotional development of young children, particularly children with special needs.
- ❖ Support opportunities and strategies for increasing wages for early childhood educators.
- ❖ Increase access to, expand and strengthen early childhood programming at Career and Technical schools.
- ❖ Revise the QRIS system to be a five-star system to bring all licensed child care programs into the state's quality rating system.
- ❖ Educate families about Child Find and Early and Periodic Screening, Diagnostic and Treatment in MaineCare to improve access to health and intervention services.
- ❖ Expand professional learning opportunities that support inclusive and trauma informed practices in early care and education settings.
- ❖ Offer a professional learning series on early childhood education to school administrators, particularly for those with ECE programs.

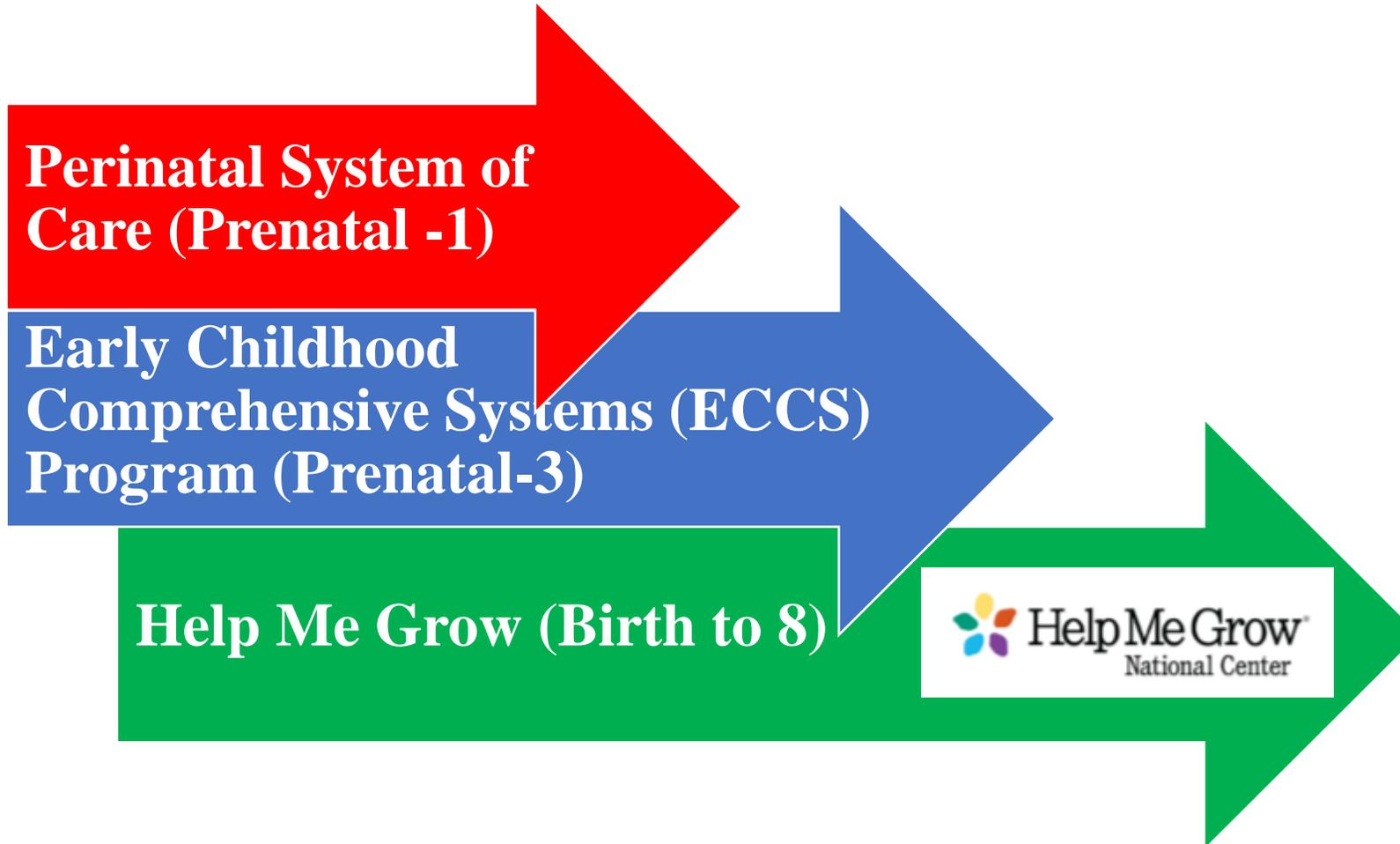
Long-term strategies: 2020 – 2025

- ❖ Ensure no wrong door for families to access services, such as SNAP, MaineCare and WIC, and establish a centralized entity around developmental screening and care coordination for early intervention services.
- ❖ Ensure access to and utilization of high-quality preventive services for young children and their families.
- ❖ Ensure that substance use screening, treatment and support for recovery is available for families with infants and young children.
- ❖ Increase professional development and coaching opportunities for early educators in center-based and family child care programs.
- ❖ Expand to universal public pre-K for all 4 year olds, incentivizing community partnerships and full-day, full-time programming.
- ❖ Establish an Early Childhood Integrated Data System to track progress on early childhood goals and to analyze impact of policy decisions.

Building Systems: A Window of Great Opportunity

- Accelerate system building with new funding opportunities
- Build on positive lessons learned from COVID-19 while acknowledging the stresses of the pandemic on families and systems
- Encourage developmental promotion and universal screening
- Enhance family engagement in programs
- Provide nurturing, healthy environments for all families with programs that honor diversity, equity and inclusion

Building Systems: Focus on Maternal-Child and Family Health



Review of Perinatal System of Care Work: Building Perinatal Systems

Infant Mortality Needs Assessment (2019-20)

Improve Care for Pregnant People with SUD and SEI

- Implement Eat, Sleep, Console at Birth Hospitals
- Plan of Safe Care
- MaineMOM Initiative

Safe Sleep Campaign (2019-present)

Perinatal System of Care Workgroup (2020-present)

- Hospital Maternal and Newborn Levels of Care- LOCATE Subgroup
- Risk Assessment for Preterm Delivery Subgroup
- Maternal Transport Subgroup
- EMS updated Protocols on Obstetric Emergencies and Newborn Care

Upcoming Work (Present)

- Develop policies for expanded Pregnancy and Post-Partum Coverage
- Join Alliance for Innovation on Maternal Health (AIM) QI Work with the Early Childhood Comprehensive Systems (ECCS) Grant

Building Systems: Background on Previous HMG Work in Maine

2009: Maine Developmental Disabilities Council Work on Developmental Screening with 5 Pilot sites

2010-16: CHIPRA (MaineCare), SIM (CMMI) Grant; First STEPS work led by Maine Quality Counts (QC) on Development and Autism Screening with over 100 Primary Care Practices

2012-3: Developmental Systems Integration Project (DSI) started at QC funded by MCDC Preventive Services Block Grant and then MCH Block Grant- Brings together Public Health Nursing (PHN), Early Head Start/HS, Maine Families Home Visiting, Child Development Services, Primary Care Providers, Maine Parent Federation, Maine Autism Society, Maine Children's Alliance and others!

2013: Cradle ME Pilot Launched by Maine CDC PHN and Maine Families Home Visiting to streamline referrals

2015: Regional pilots done for Developmental Screening Community Initiative (DSCI): Waterville, Bangor, MidCoast; 2016: Cumberland County

2015: Maine Developmental Disability Council organizes Maine team to attend Northeast Regional Conference on Developmental Screening, Referral and Response. Maine begins to explore Help Me Grow. HMG Technical Assistance site visit and Initial TA report by National HMG

2016: Maine became HMG Affiliate State with Maine Quality Counts (QC) as part of DSI work; QC hosted four planning groups established around key components; Planning report completed

2017-18: DSI work on cultural competence and screening, 2-1-1 work in Cumberland County on children's resources; 2018-9: DSI completed 4 care coordination online modules after stakeholder meetings

2019-2020: Maine Children's Cabinet Reestablished: Preschool Development Grant Renewal Submitted with Help Me Grow as strategy: LD 1635 Report Written, PDG Strategic Plan Completed; MaineCare starts planning for ASQ Online to support EPSDT Goals; 2020: LD 1712 enacted to support HMG

Help Me Grow

Maine Office of Child and Family Services



Help Me Grow: So All Children Can Shine



Dr. Paul H. Dworkin

Executive Vice President
Community Child Health
Connecticut Children's Medical Center

Founding Director
Help Me Grow National Center

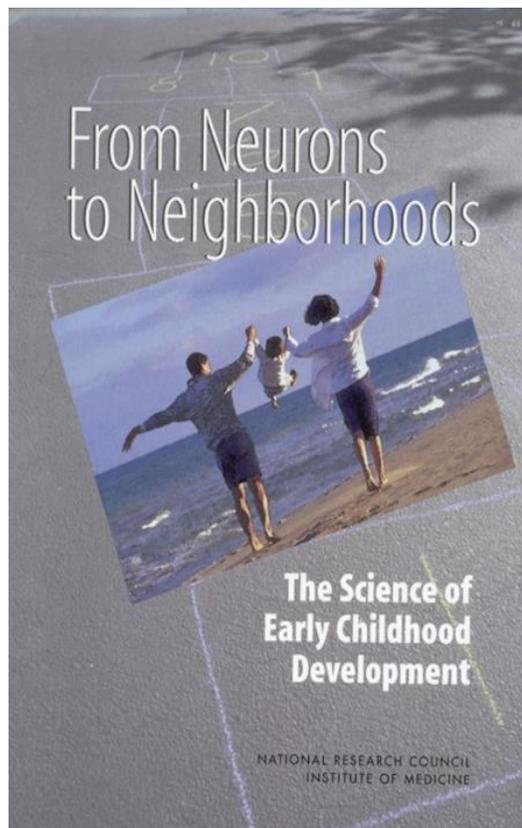
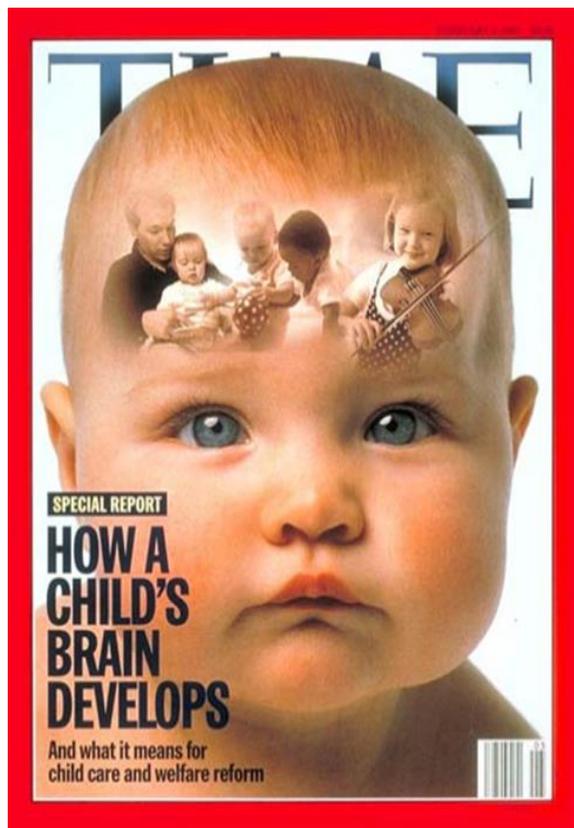
Professor of Pediatrics
University of Connecticut School of Medicine

Part of Connecticut Children's Office for Community Child Health
www.helpmegrownational.org

“What if our goal for child health services is not ‘merely’ to treat or even prevent childhood diseases and disorders, but is also to promote children’s optimal healthy development?”

“How do we best transform child health services to strengthen families to promote children’s optimal health, development, and well-being?”

The 1990s: The “Decade of the Brain”



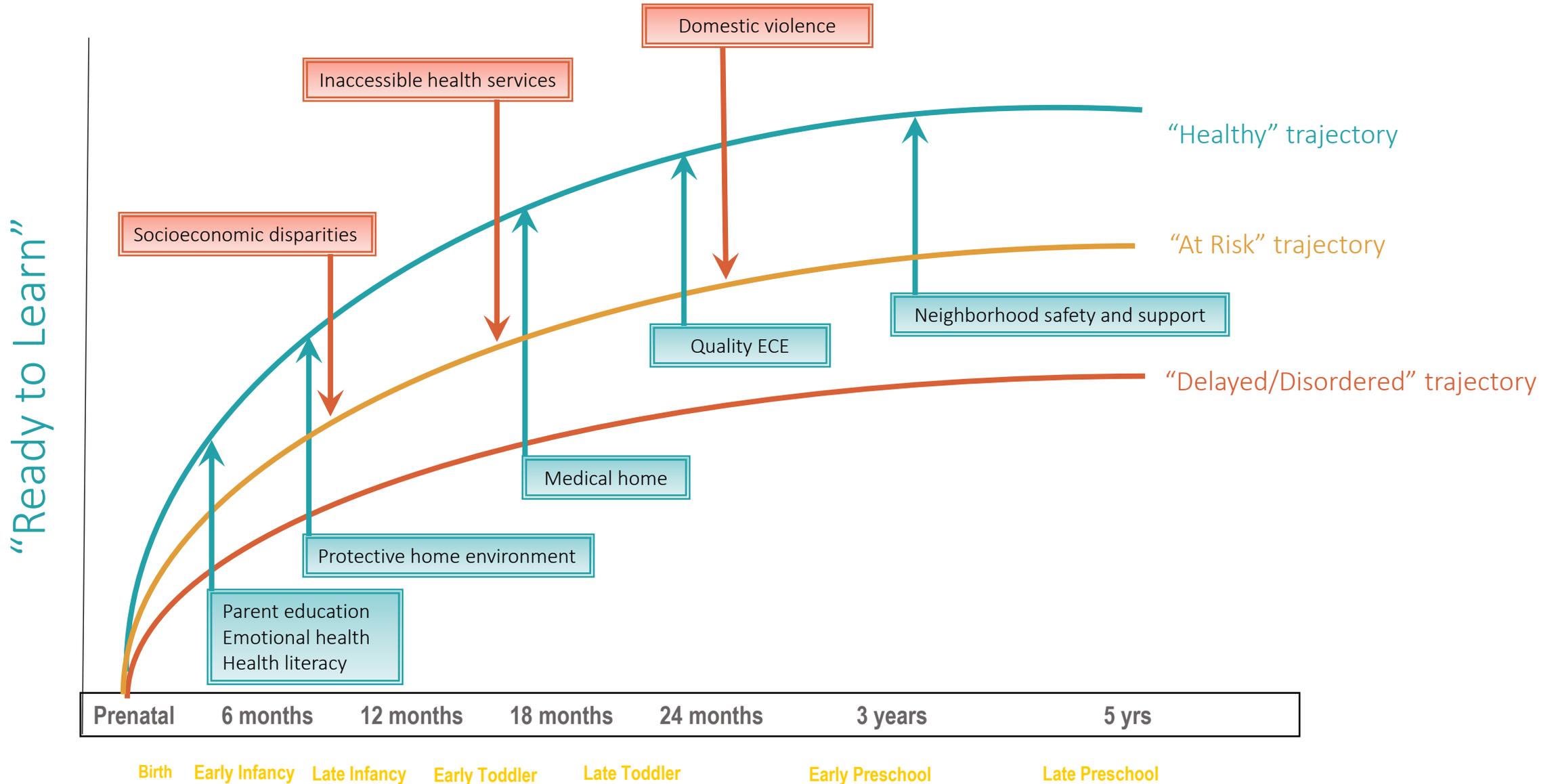
Critical Concepts in Brain Development



- Proportional brain growth
- Neural plasticity
- Critical periods
- Sequential development
- Role of experience

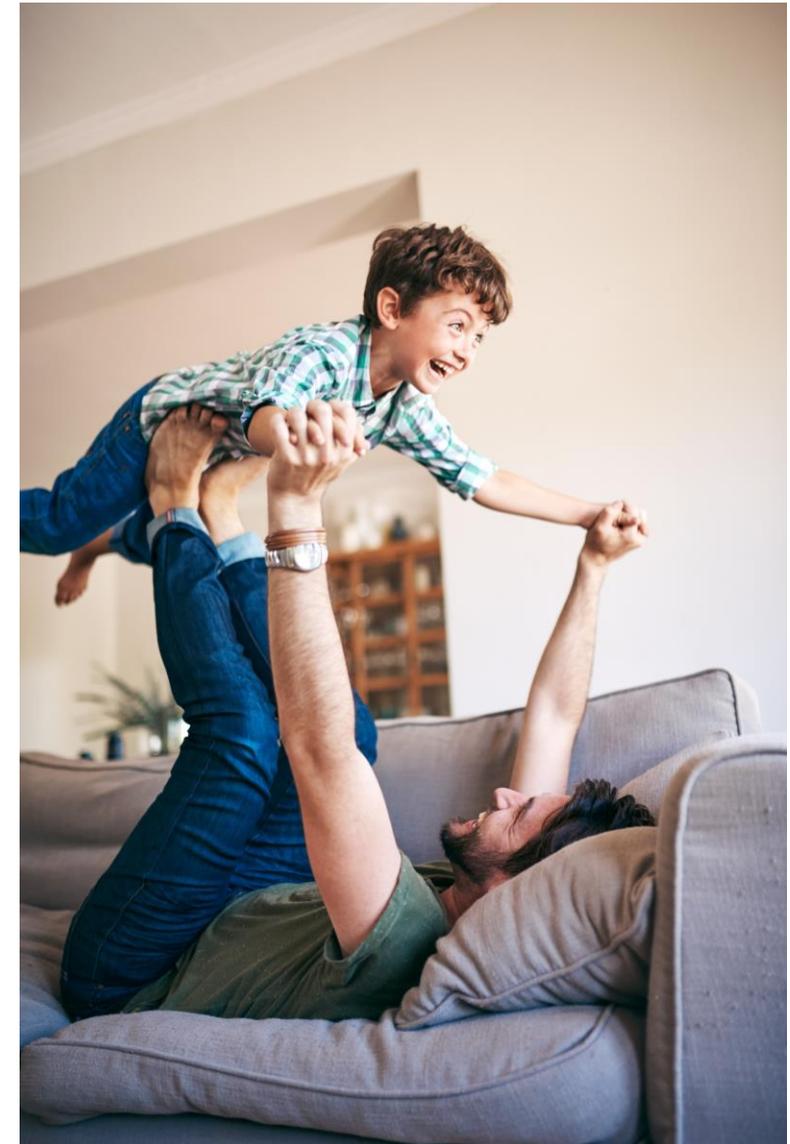


Developmental Trajectories



“The most effective long-term strategy appears to be the development of a comprehensive, coordinated, community-wide approach focused on preventing low- and medium-risk families from becoming high-risk, as well as providing intensive services to those who already have reached a high-risk status.”

- Chamberlin RW. Preventing low birth weight, child abuse, and school failure: the need for comprehensive, community-wide approaches. [Pediatrics in Review](#) 1992;13(2):64-71



Developmental Surveillance and Screening

- Flexible, longitudinal, continuous process
- Knowledgeable practitioners perform skilled observations during child health encounters
- Components:
 - eliciting/attending to parents' concerns
 - obtaining a relevant developmental history
 - making accurate observations of children
 - identifying risk and resiliency factors
 - maintaining record of process and findings
 - sharing opinions with other professionals
- Periodic administration of formal screening tools to enhance effectiveness
- View child within context of overall well-being

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Developmental Surveillance and Screening

Caveat:

Detection without referral/intervention is ineffective and may be judged unethical

- Perrin E. Ethical questions about screening. *J Dev Behav Pediatr* 1998;19:350-352



Hartford, Connecticut



Planning Partners

- **Hartford Foundation for Public Giving**
 - *Brighter Futures* initiative
- **Hartford City Health Department**
 - *Child Development Program*
- **Region's child health providers**
 - Community health centers
- **Children's Health Council**
 - *Children's Health Infoline*
- **Hartford Parents Network**
- **Connecticut's Birth to Three System (Part C)**



Shared Assumptions

- Children with developmental/behavioral problems are **eluding early detection**
- Many **initiatives exist** to provide services to young children, their families
- A **gap exists** between child health and child development/early childhood education programs
- Children and their families would benefit from a **coordinated, region-wide system** of early detection, intervention for children at developmental risk

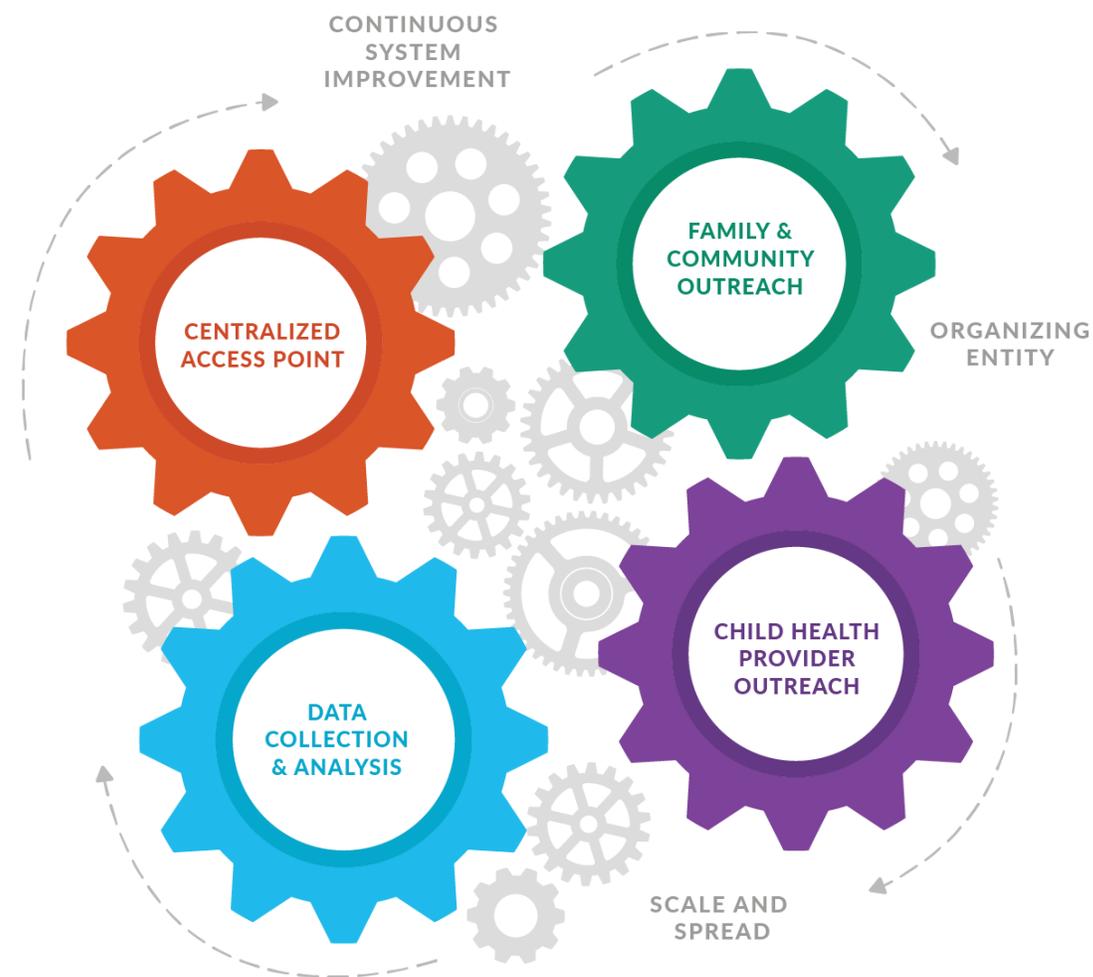
The Help Me Grow System Model

The Help Me Grow System Model

WE BELIEVE THAT ALL CHILDREN SHOULD BE ABLE TO GROW, DEVELOP, AND THRIVE TO REACH THEIR FULL POTENTIAL.

Help Me Grow is a model that works to promote collaboration across child-serving sectors in order to build a more efficient and effective system that promotes the optimal healthy development of young children. When all of the organizations working on behalf of young children work together, we can:

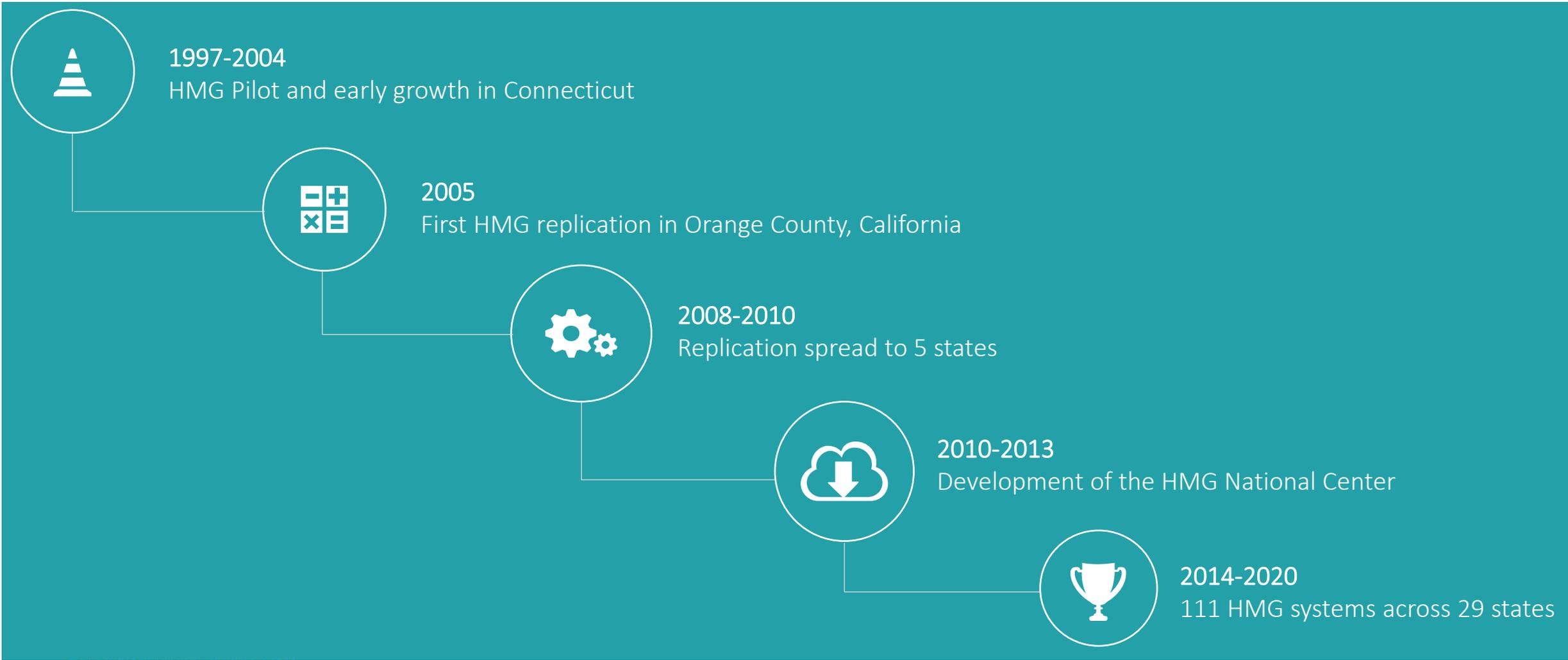
- better prevent or reduce the impact that stress or adversity may have on children and families *and*
- increase protective factors that can maximize the well being of children and families



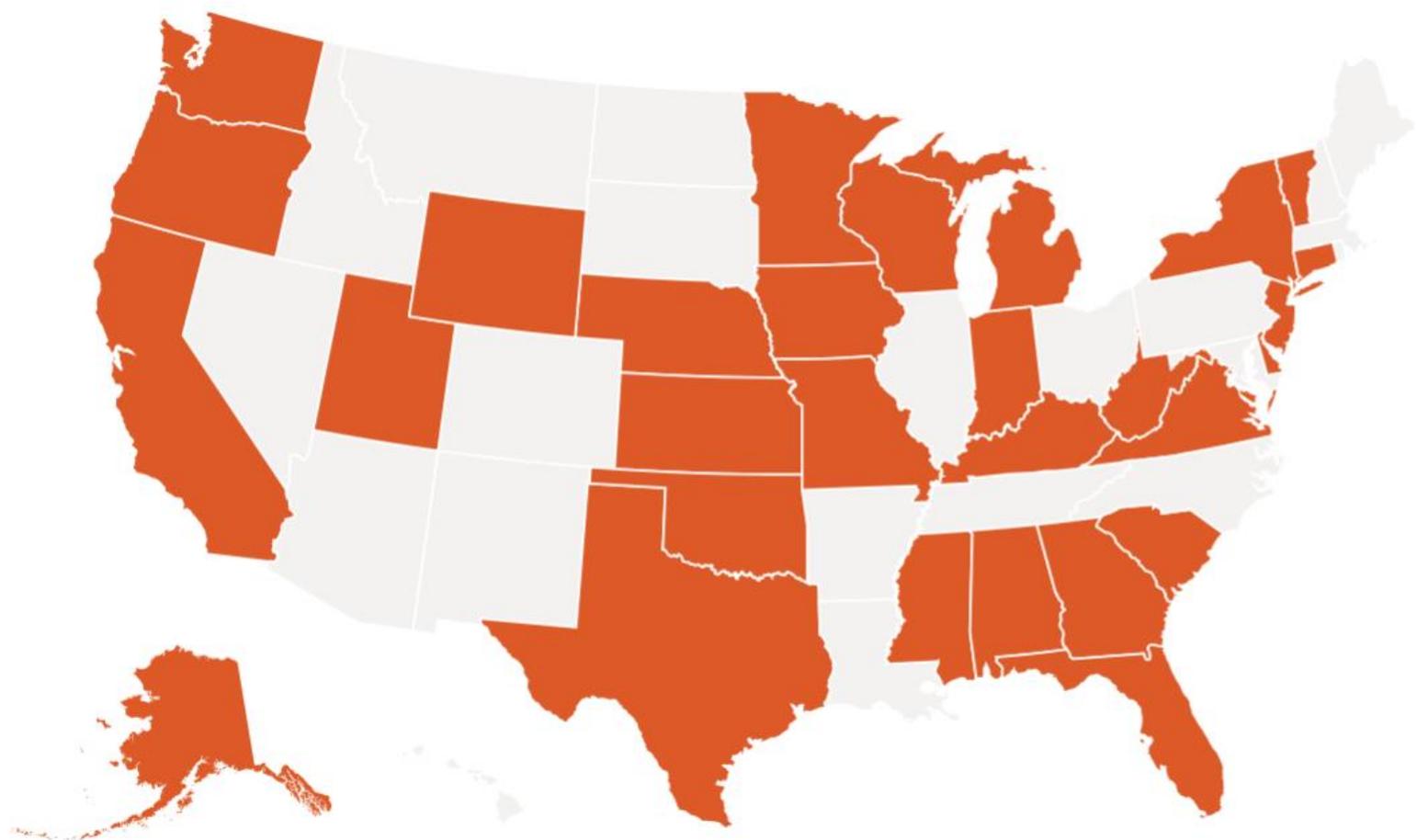
Help Me Grow Core Components & Key Activities

MODEL CORE COMPONENT	KEY ACTIVITIES
Centralized Access Point	<ul style="list-style-type: none"> • Specialized child development line • Linkage and follow-up • Researching resources • Real-time directory maintenance
Family and Community Outreach	<ul style="list-style-type: none"> • Engaged community partners • Networking • Community events and trainings • Marketing
Child Health Provider Outreach	<ul style="list-style-type: none"> • Physician champion • Training on surveillance and screening • Training on referral and linkage • Closing the feedback loop
Data Collection and Analysis	<ul style="list-style-type: none"> • Data monitoring • Sharing data across partners • Continuous quality improvement • Community change through data

Evolution of Help Me Grow



Help Me Grow National Affiliate Network



Implications for System Building

- Advance a universal approach with particular focus on **vulnerable children** at-risk for adverse health, developmental, and behavioral outcomes to maximize value and impact (“**targeted universalism**”)
- Go beyond prevention of delays, disorders, and diseases to **promotion** of children’s optimal health, development, and well-being
- Embrace the implications of the “**biology of adversity**” (adverse childhood experiences, toxic stress, social determinants of health) for children’s optimal health, development, and well-being
- Enhance family engagement and the impact of child health services by encouraging a **family-led agenda** (“**goal-concordant care**”)
- Recognize the imperative of embedding efficacious interventions within the context of **comprehensive early childhood system building**, with “all sectors in” and “cross-sector collaboration”
- Respond to extraordinary contemporary imperatives to drive the creation of a nurturing environment for all children and families (social and racial justice; Covid-19 and families’ basic needs)

Where Do We Go From Here?

Help Me Grow Strategic Planning

5 Growth Priorities



The Orchid and the Dandelion

Why Some Children Struggle and How All Can Thrive

W. Thomas Boyce, M.D.

Reasons for Optimism

- Administration for Children & Families
- Centers for Disease Control & Prevention
- Centers for Medicare & Medicaid Services
- HRSA Maternal & Child Health Bureau
- Substance Abuse & Mental Health Services Administration
- United States Department of Education





www.helpmegrownational.org

Early Childhood Comprehensive System (ECCS)

Maine CDC





The Vision for Comprehensive Early Childhood Systems

January 13, 2022

**Dina Lieser, MD, Early Childhood Systems Programs Director and Team Lead
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau (MCHB)**

Vision: Healthy Communities, Healthy People



Maternal and Child Health Bureau Strategic Plan

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

Achieve **health equity** for MCH populations.

GOAL 3

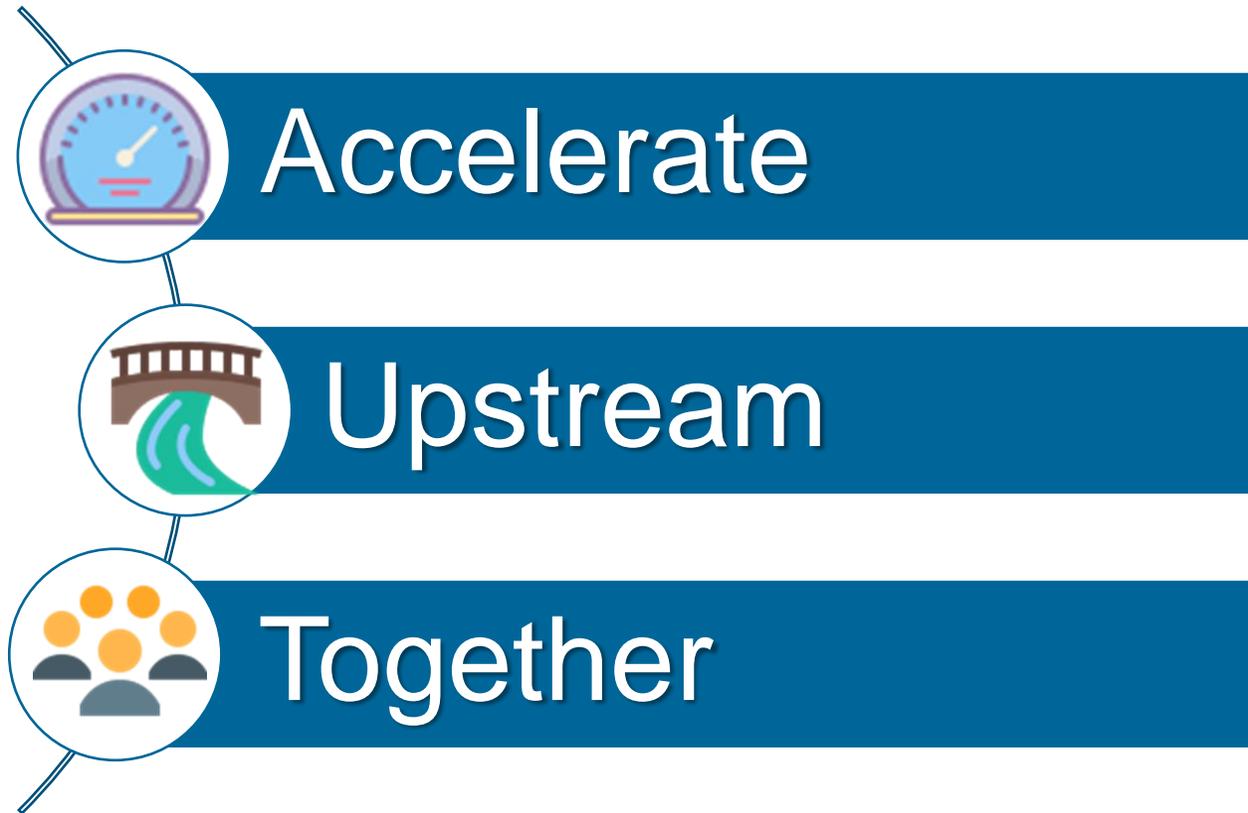
Strengthen **public health capacity and workforce** for MCH.

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.



Paradigm for Improving Maternal and Child Health



ECS Portfolio Overview

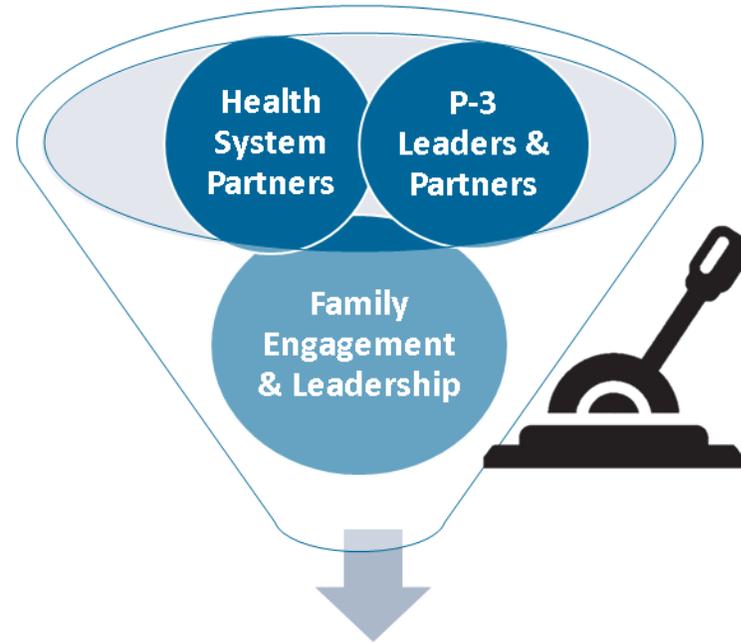
Purpose: Support states, tribes, and communities to build and sustain coordinated systems of health and related services for families with young children. Collectively, these programs aim to ensure that all families have the full range of services and supports they need—especially during the prenatal-to-three-year (P-3) period—to build a strong foundation for lifelong health and well-being.

Goals:

1. Improve Early Reach of Services (availability + easy access/entry)
2. Build a Coordinated Continuum of Care
3. Advance Equity and Family Leadership
4. Strengthen Structures and commitment for Shared Action



Early Childhood Comprehensive Systems Health Integration Prenatal To Three Program (ECCS)



Stronger, integrated maternal/EC systems of care

Improved policies, practices, and financing strategies

Increased capacity to advance equity in EC systems

Increased and earlier family access to integrated services

Early Childhood Comprehensive Systems (ECCS)

Health Integration Prenatal-to-Three Goals

1. Increase **state-level infrastructure and capacity** to develop and/or strengthen statewide maternal and early childhood systems of care

2. Increase **coordination and alignment** between maternal and child health and other statewide systems that impact young children and families to advance a **common vision** for early developmental health and family well-being

3. Increase the **capacity of health systems** to deliver and effectively connect families to a **continuum of services** that promote early developmental health and family well-being, beginning prenatally

4. Identify and implement **policy and financing strategies** that support the funding and sustainability of multigenerational, preventive services and systems for the P-3 population

5. Increase state-level capacity to advance **equitable and improved access** to services for underserved P-3 populations



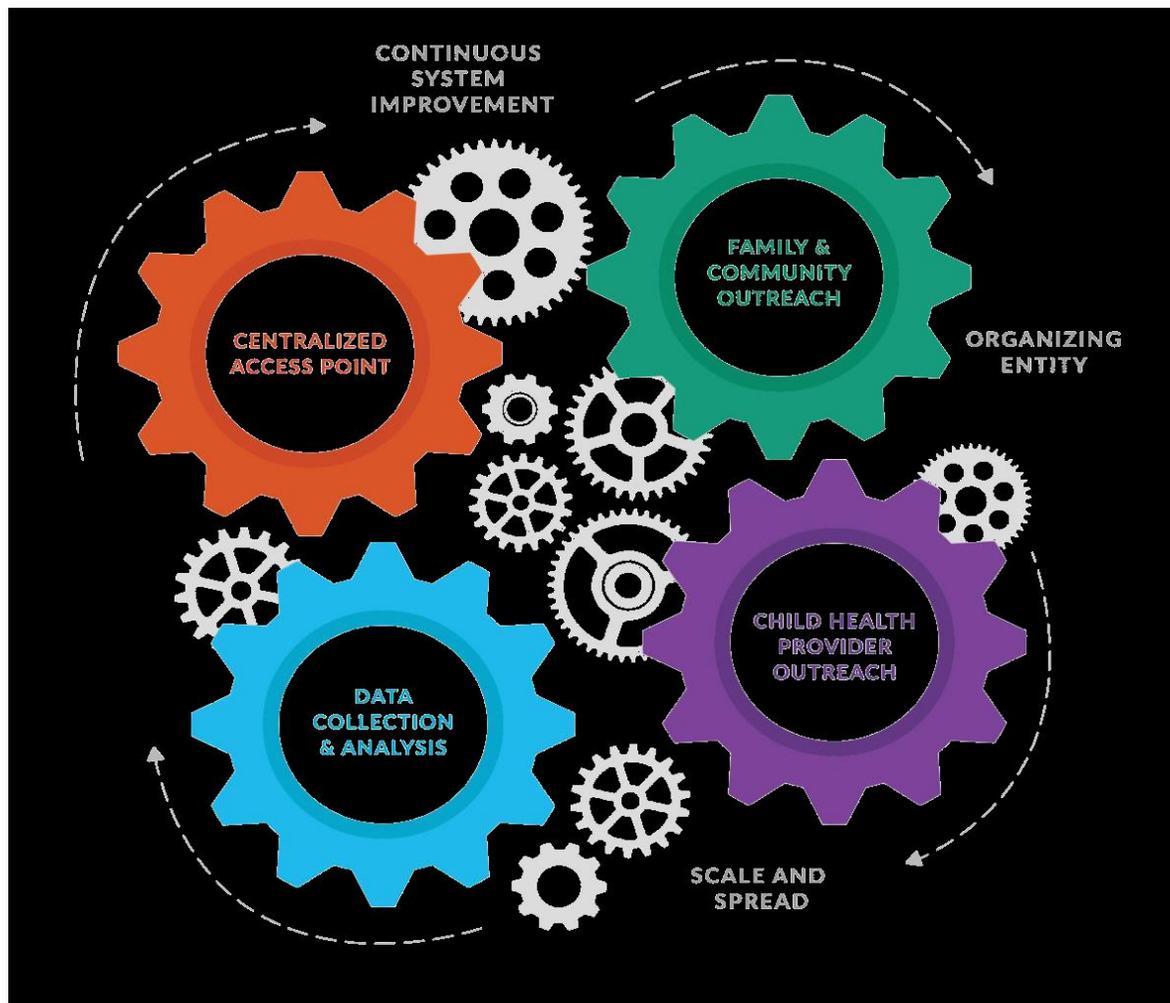
Early Childhood Systems Technical Assistance Coordinating Center (ECS-TACC)

ECCs awardees are Supported by the Early Childhood Systems Technical Assistance Coordinating Center (ECS-TACC)

- Altarum Institute in partnership with:
 - ✓ Change Matrix
 - ✓ Georgetown University Center for Child and Human Development
 - ✓ James Bell Associates
 - ✓ Morehouse School of Medicine Center for Maternal Health Equity



HMG Model Alignment with ECCS



ECCS - Help Me Grow TA and Collaboration

- ECS TACC has organized an Affinity Group of the 7 ECCS states that include a focus on Help Me Grow in their ECCS work
 - The group will provide a setting where Maine can learn from other states at various stages of implementing Help Me Grow
 - Topics discussed in the first meeting, last Friday, included how states have approached data integration, screening, partner development, and outreach related to Help Me Grow
- The ECS TACC and the Help Me Grow National Center teams are meeting regularly to discuss how to best support ECCS awardees with a Help Me Grow focus. The National Center team will be engaged in support of the ECCS-HMG Affinity Group.



Goals and Objectives

Maine's **Early Childhood Comprehensive System** Health Integration Prenatal-to-three (P-3) program will increase referrals to, and utilization of, P-3 programs and services by making Maine's complex health and early childhood development systems **easier for families to more effectively access and navigate**.

1

Provide a state-level central point of coordination (ECCS Lead) to connect Maine's various maternal and early childhood programs and, develop and expand partnerships to advance Maine's vision for a comprehensive P-3 system. *MeCDC*

2

Develop a realistic state-level Early Childhood Strategic Plan which identifies the resources necessary and available to implement strategies and meet goals and objectives. *Maine Children's Cabinet*

3

Strengthen Maine's perinatal system of care and integrate programs and services across the maternal and early childhood system. *MeCDC, PQC4ME*

4

Establish a "no wrong door" P-3 care coordination model for Maine to strengthen and improve linkages across the maternal and early childhood system. *HMG*

5

Convene state-level education and early childhood leaders and stakeholders to identify resources needed to sustain and advance ECCS priorities and programs. *Maine Children's Cabinet*

6

Develop targeted strategies to address health disparities based on geographic region, race, ethnicity, and socioeconomic status. *Maine Children's Cabinet, MeCDC, HMG, PQC4ME*

Next Steps

The Help Me Grow and ECCS Initiatives are focused on **stakeholder engagement, including integrating youth and family engagement in each initiative, and establishing protocols for evaluation and quality improvement** as foundational project work.

Help Me Grow

- 1 Hire Staff**
Program Manager, Resource Specialists, Outreach Specialist, Administrative Support Specialist
- 2 Get TA Contract in Place**
Working with National Help Me Grow
- 3 Begin Pilot for ASQ Online**
Spring 2022
- 4 Explore Resource and Database Options**
Coordinate with existing referral systems in Maine

Early Childhood Comprehensive System

- 1 Hire Staff**
Project Coordinator
- 2 Conduct asset and gap analysis**
Support the development of realistic state-level Early Childhood Strategic Plan
- 3 Support Strengthening the Perinatal System of Care (PSOC) and Quality Improvement Work**
PSOC Statewide group meets quarterly – next March 2022
Perinatal Quality Collaborative for ME will launch
Maternal Hypertension QI Bundle – AIM Bundle in January 2022

Thank You!



Governor's Office of Policy Innovation and the Future

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